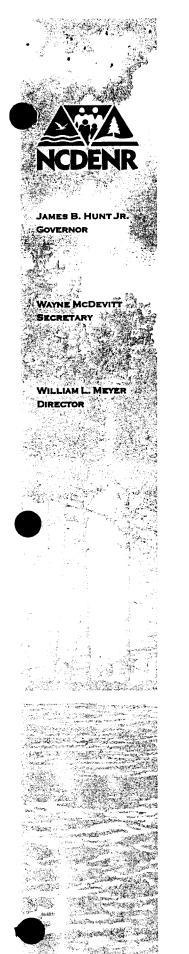
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NORTH CAROLINA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES

DIVISION OF WASTE MANAGEMENT

CERTIFIED MAIL

August 17, 1998

Mrs. Nancy Newell
City of Durham
101 City Hall Plaza
Durham, North Carolina 27701

Amretted 07.07.2004

RE: Durham Yard Waste Facility - East Club Boulevard - Permit #32-04

Dear Mrs. Newell:

A review of our files has indicated that your permit to operate a Yard Waste Facility, Permit #32-04, **expired on November 26, 1996**. If a properly completed permit application has not been received within ninety (90) days of receipt of this letter, this matter will be referred to the Field Operations Branch for appropriate compliance actions.

Application requirements for Solid Waste Compost Facilities are in Section .1405 of the Solid Waste Compost Rules. The Yard Waste Rules under which this facility was originally permitted were combined with the Solid Waste Compost Rules in May, 1996. Yard Wast Compost Facilities are now considered Type I Solid Waste Compost Facilities.

As explained in Section .1402 of the Solid Waste Compost Rules, Type I Solid Waste Compost Facilities may only receive Yard Waste. If you wish to receive other wastes at the facility you may want to consider applying for a Type II or III compost facility permit.

One of the application requirements is a detailed operation and maintenance manual for the the facility. This should be a separate document that thoroughly outlines procedures to be followed in operating the facility.

If I can be of assistance to you please feel free to contact me at 919-733-0692, extension 253. If you need a copy of the Solid Waste Compost Rules, Section .1400 of the Solid Waste Management Rules, please contact B.J. Stanfield

at 919-733-0692, extension 264.

Sincerely,

Ted Lyon, Supervisor

Composting & Land Application Branch

cc: Terry Dover, Eastern District Supervisor Central Files - Solid Waste Section

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SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that we card to you. Attach this form to the front of the mailpiece, or on the back if span permit. Write 'Return Receipt Requested' on the mailpiece below the article was delivered a service result.	de number. nd the date	2. Restriction Consult postri	ces (for an assee's Address cicted Delivery master for fee.	ceipt Service.
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